EXIBIT B



VIA FILE UPLOAD

May 10, 2022

Brad Lander
Office of the New York City Comptroller
1 Centre Street
New York, NY 10007
Form Version: NYC-COMPT-BLA-LE-C4

Re: Notice of Claim Class Action - RULE 50

Dear Mr. Lander:

We represent the below list of New York City (the "City") employees who have been placed on "indeterminate involuntary leave without pay" for exercising their right to refuse to Covid-19 vaccine based on their First Amendment Right to refuse and based on the City's lack of authority to create the Covid-19 vaccine requirement because the authority is pre-empted by OSHA's authority to set workplace safety standards.

Therefore, this letter and the attached documents will serve as the Notice of Claims for Employment and Personal Injury Damages for City's Violations of the employees First Amendment Rights, various New York Civil Service Disciplinary Laws, Title VII Religious Harassment, the American's With Disability Act, and the New York City Human Rights Act, which provides punitive damages for the City's reckless disregard for the rights of its employees.

Attached find the following:

- 1. one (1) completed Employment and Personal Injury Claim form for all employees, and we have provided an Excel spreadsheet that contains all of the data required to be provided in the attached forms.
- 2. Spreadsheet list of employee information in support of the claim forms
- 3. Exhibit A Memorandum of Legal Causes of Action pages 1-94

List of Employees for which the Notice of Claim applies and is provided for "All similarly situated employees":

- 1. Curtis Boyce
- 2. Sara Coombs-Moreno
- 3. Elizabeth Loiacono
- 4. Jesus Coombs
- 5. Julia Harding
- 6. Angela Velez
- 7. Sancha Browne
- 8. Amoura Bryan
- 9. Ayse Ustares



- 10. Zena Wouadjou
- 11. Remo Dello Ioio
- 12. Charisse Ridulfo
- 13. Sancha Browne
- 14. Tracy-Ann Francis-Martin
- 15. Kareem Campbell
- 16. Michelle Hemmings Harrington
- 17. Mark Mayne
- 18. Carla Grant
- 19. Cassandra Chandler
- 20. Aura Moody
- 21. Suzanne Deegan
- 22. Evelyn Zapata
- 23. Christine O'Reilly
- 24. Edward Weber
- 25. Maritza Romero
- 26. Sean Milan
- 27. Sonia Hernandez
- 28. Jeffrey B. Hunter
- 29. Rasheen Odom
- 30. Maria Figaro
- 31. Sara Coombs-Moreno
- 32. Frankie Trotman
- 33. Yulonda Smith
- 34. Roseanna Mustacchia
- 35. Jessica Csepku
- 36. Natalya Hogan
- 37. Bruce Reid
- 38. Joseph Rullo
- 39. Cheryl Thompson
- 40. Dianne Baker-Pacius

If you have any questions or need additional information, please feel free to contact me on my cell number at 602-326-8663.

Sincerely,

Jo Saint-George, Esq. Jo Saint-George, Esq. Chief Legal Officer Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 4 of 64 PageID #: 3187

New York City Comptroller

1 Centre Street

Read Lander

Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	n (if represented	d by attorney)
Last Name:		+Firm or Last Name:	WOMEN OF CO	OLOR 4 EQUAL JUSTIG
First Name:		+Firm or First Name:	JO SAINT-GEC	RGE, ESQ.
Relationship to		+Address:	MAILING - 350	E. DIAMOND AVE.
the claimant:		Address 2:	UNIT 4077	
		+City:	GIATHERSBUR	RG
Claimant Infor	mation	+State:	MARYLAND	
*Last Name:	USTARES	+Zip Code:	20877	
*First Name:	AYSE	Tax Id:	261289930	
*Address:		e:	(602) 326-8663	
Address 2:		l Address:	JO@WOC4EQ	UALJUSTICE.ORG
*City:		pe Email:	JO@WOC4EQ	UALJUSTICE.ORG
*State:				
*Zip Code:		ne and place v	vhere the claim	arose
*Country:		ent Date from:	09/09/2021	Format: MM/DD/YYYY
Date of Birth:		ent Date from:		Format: MM/DD/YYYY
Soc. Sec #:			05/11/2022	
*Phone:		ent Location:	ONGOING REL	LIGIOUS & DISABILITY * & DISTRESS
*Email Address		3S:	PS 19 JUDITH	
*Retype Email:		ss 2:	P3 19 JUDITH	N. WEISS
Occupation:		>S ∠.	DDON'Y	
Current City	Yes No NA	State:	NEW YORK	
Employee? Current Agency	DEPT. OF EDUCATION	Borough:	BRONX	
carrette Agency	DEFT. OF EDUCATION	Borougn.	DRUINA	
Gender:				

^{*} Denotes required fields. Either a claimant or attorney email address is required.

⁺ Denotes field that is required if Attorney is filing.

case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 5 of 64 PageID #: 3188 Office of the New York City Comptroller

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

New York City Comptroller

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY) AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

"Agency:	DEPT. OF EDUCATION	work days lost:	180	
Address:	65 COURT ST.			
Address 2:	#102			
City:	BROOKLYN			
State:	NEW YORK			
Zip Code:	11201			

Were you employed by a City Contractor at the time of claimed occurrence? ☐ Yes No ++Contractor Name:

^{*}Denotes required field

Date From: Date To:

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 6 of 64 PageID #: 3189

New York City Comptroller

1 Centre Street

Read Lander New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

Brad Lander

Overtime:					
Compensato	ory time:				
Differential:					
Annual Leav	re/Vacation:				
Sick Leave:					
Salary:					
		Total:	0.00		
Additional of Specify:	Claimed Damages MENTAL DISTRE	ESS DAMAGES FOR HA	ARASSMENT + COER		Amount:
Specify:	PUNITIVE DAMA	GES FOR RECKLESS	DISREGARD FOR MY	MEDICAL FREEDOM	
Specify:	PUNITIVES CALO	CULATED BASED ON	SALARY		
Specify:	ATTORNEY FEE	S			
Specify:					
				Total:	
**Total					

Amount:

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Claimed Amount:

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 7 of 64 PageID #: 3190

New York City Comptroller

1 Centre Street

Read Lander

Brad Lander

New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

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I am filing: 🗌	On behalf of myself.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	ı (if represente	ed by attorney)
Last Name:		+Firm or Last Name:	WOMEN OF C	OLOR 4 EQUAL JUSTIC
First Name:		+Firm or First Name:	JO SAINT-GE	ORGE, ESQ.
Relationship to		+Address:	MAILING - 350	E. DIAMOND AVE.
the claimant:		Address 2:	UNIT 4077	
		+City:	GIATHERSBU	RG
Claimant Infor	mation	+State:	MARYLAND	
*Last Name:	MOODY	+Zip Code:	20877	
*First Name:	AURA	Tax Id:	261289930	
*Address:		+Phone:	(602) 326-866	3
Address 2:		+Email Address:	JO@WOC4E0	QUALJUSTICE.ORG
*City:		+Retype Email:	JO@WOC4E0	QUALJUSTICE.ORG
*State:				
*Zip Code:		The time and place w	here the claim	arose
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY
Date of Birth:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY
Soc. Sec #:		*Incident Location:	ONGOING RE	LIGIOUS & DISABILITY
*Phone:				T & DISTRESS
*Email Address:		Address:	65 COURT ST	REET
*Retype Email: Occupation:		Address 2:		
·		City:	BROOKLYN	
Current City Employee?	Yes ☐ No ☐ NA	State:	NEW YORK	
Current Agency	DEPT. OF EDUCATION	Borough:	BROOKLYN (I	KINGS)

Female

☐ Other

☐ Male

Gender:

^{*} Denotes required fields. Either a claimant or attorney email address is required.

⁺ Denotes field that is required if Attorney is filing.

case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 8 of 64 PageID #: 3191

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

New York City Comptroller

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

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If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

*Agency:	DEPT. OF EDUCATION	Work days	lost:	210	
Address:	65 COURT ST.				
Address 2:	#102				
City:	BROOKLYN				
State:	NEW YORK				
Zip Code:	11201				
Were you emplo	oyed by a City Contractor at the time of clair	med occurrence?	Yes □ No		

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 9 of 64 PageID #: 3192 Bates 610 Office of the New York City Comptroller

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

New York City Comptroller

Brad Lander

		Date From:	Date To:	Amount:		
Overtime:					7	
Compensato	ry time:				1	
Differential:					7	
Annual Leave	e/Vacation:				7	
Sick Leave:					7	
Salary:					7	
			Total:	0.00	7	
Additional C	Claimed Damages MENTAL DISTR	ESS DAMAGE	S FOR HA	.RASSMENT + COEF	RCION = 2X SALARY	Amount:
Specify:					/ MEDICAL FREEDON	4
Specify:	PUNITIVES CAL					1
Specify:	ATTORNEY FEE	S				
Specify:						
	_				Total:	
**Total Claimed				1		

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Amount:

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 10 of 64 PageID #: 3193

New York City Comptroller

1 Centre Street

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Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.			
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	tion (if represented by attorney)		
_	penally preuse previous the renorming information.	+Firm or Last Name:	WOMEN OF	COLOR 4 EQUAL JUSTIC	
Last Name:		+Firm or First Name:	JO SAINT-GE	ORGE, ESQ.	
First Name: Relationship to		+Address:	MAILING - 35	0 E. DIAMOND AVE.	
the claimant:		Address 2:	UNIT 4077		
		+City:	GIATHERSBU	JRG	
Claimant Infor	mation	+State:	MARYLAND		
*Last Name:	BOYCE	+Zip Code:	20877		
*First Name:	CURTIS	Tax I d:	261289930		
*Address:		+Phone:	(602) 326-866	3	
Address 2:		+Email Address:	JO@WOC4E	QUALJUSTICE.ORG	
*City:		+Retype Emai l :	JO@WOC4E	QUALJUSTICE.ORG	
*State:					
*Zip Code:		The time and place v	where the clain	n arose	
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY	
Date of Birth:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY	
Soc. Sec #:		*Incident Location:			
*Phone:		incident Location.		ELIGIOUS & DISABILITY IT & DISTRESS	
*Email Addres:		Address:			
*Retype Emai l :		Address 2:	11625 GUT R	. BREWER RD	
Occupation:		City:	14844104		
Current City	■ Yes □ No □ NA	•	JAMAICA		
Employee?		State:	NEW YORK		
Current Agency	DEPT. OF EDUCATION	Borough:	QUEENS		
Gender:	☐ Ma l e ⑤ Female ☐ Other				

^{*} Denotes required fields. Either a claimant or attorney email address is required.

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211 of 64 PageID #: 3194 Office of the New York City Comptroller 1 Centre Street New York, NY 10007

210

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

New York City Comptroller

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If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

DEBT OF EDUCATION

9 , .	DEI I. OI EDUCATION		210
Address:	65 COURT ST.	Amount Earned Week l y:	
Address 2:	#102	Amount Earned Yearly:	
City:	BROOKLYN		
State:	NEW YORK		
Zip Code:	11201		
Were you emp l o	oyed by a City Contractor at the time of clair	med occurrence? Yes No	

Work days lost:

*Agency:

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Date From: Date To:

Total:

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

Overtime:

Specify:

**Total Claimed Amount:

Compensatory time:

Brad Lander

Differentia l :							
Annual Leave	e/Vacation:						
Sick Leave:							
Sa l ary:							
		Total:	0.00				
Additional C	laimed Damages			Amount:			
Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY						
Specify:	PUNITIVE DAMAG	ES FOR RECKLESS D	SREGARD FOR MY	MEDICAL FREEDOM			
Specify:	PUNITIVES CALCU	PUNITIVES CALCULATED BASED ON					
Specify:	ATTORNEY FEES		_				

Amount:

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 13 of 64 PageID #: 3196

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1 Centre Street

Read Lander

Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

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I am filing: 🗌	On behalf of myself.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	n (if represented	d by attorney)
Last Name:		+Firm or Last Name:	WOMEN OF CO	OLOR 4 EQUAL JUSTI
First Name:		+Firm or First Name:	JO SAINT-GEC	RGE, ESQ.
Relationship to		+Address:	MAILING - 350	E. DIAMOND AVE.
the claimant:		Address 2:	UNIT 4077	
		+City:	GIATHERSBUF	RG
Claimant Infor	mation	+State:	MARYLAND	
*Last Name:	BRYAN	+Zip Code:	20877	
*First Name:	AMOURA	Tax Id:	261289930	
*Address:		+Phone:	(602) 326-8663	
Address 2:		+Email Address:	JO@WOC4EQ	UALJUSTICE.ORG
*City:		+Retype Email:	JO@WOC4EQ	UALJUSTICE.ORG
*State:				
*Zip Code:		The time and place w	here the claim	arose
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY
Date of Birth: Soc. Sec #:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY
*Phone:		*Incident Location:	ONGOING REL	IGIOUS & DISABILITY & DISTRESS
*Email Address:		Address:	65 COURT STE	REET
*Retype Email:		Address 2:		
Occupation:	TEACHER REMOTE HOME	City:	BROOKLYN	
Current City Employee?	Yes No NA	State:	NEW YORK	
Current Agency	DEPT. OF EDUCATION	Borough:	BROOKLYN (K	INGS)

Female

☐ Other

+ Denotes field that is required if Attorney is filing.

☐ Male

Gender:

^{*} Denotes required fields. Either a claimant or attorney email address is required.

e 14 of 64 PageID #: 3197 Baceso Office of the New York City Comptroller 1 Centre Street New York, NY 10007

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#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY) AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

Address: 65 COURT ST. Address 2: #102 City: BROOKLYN State: NEW YORK Zip Code: 11201 Were you employed by a City Contractor at the time of claimed occurrence?	Agency.	DEPT. OF EDUCATION				
City: BROOKLYN State: NEW YORK Zip Code: 11201 Were you employed by a City Contractor at the time of claimed occurrence?	Address:	65 COURT ST.				
State: NEW YORK Zip Code: 11201 Were you employed by a City Contractor at the time of claimed occurrence?	Address 2:	#102				
Zip Code: 11201 Were you employed by a City Contractor at the time of claimed occurrence?	City:	BROOKLYN				
Were you employed by a City Contractor at the time of claimed occurrence? Yes No	State:	NEW YORK				
	Zip Code:	11201				
			ned occurrence?] Yes [] No	

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

	Date From:	Date To:	Amount:
Overtime:			
Compensatory time:			
Differential:			
Annual Leave/Vacation:			
Sick Leave:			
Salary:			
		Total:	0.00

Specify: MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY Specify: PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREED PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY Specify: ATTORNEY FEES Specify: Total:	Additional (Claimed Damages
Specify: PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY Specify: ATTORNEY FEES Specify:	Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY
Specify: ATTORNEY FEES Specify:	Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREED
Specify:	Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY
	Specify:	ATTORNEY FEES
Total:	Specify:	
		Total:
**Total	I	

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Claimed **Amount:**

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 16 of 64 PageID #: 3199

New York City Comptroller

1 Centre Street

Read Lander

Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	n (if represen	ted by attorney)
_	perially preude previous the remaining information.	+Firm or Last Name:	WOMEN OF	COLOR 4 EQUAL JUSTIC
Last Name:		+Firm or First Name:	JO SAINT-G	EORGE, ESQ.
First Name: Relationship to		+Address:	MAILING - 3	50 E. DIAMOND AVE.
the claimant:		Address 2:	UNIT 4077	
		+City:	GIATHERSB	URG
Claimant Infor	mation	+State:	MARYLAND	
*Last Name:	OREILLY	+Zip Code:	20877	
*First Name:	CHRISTINE	Tax Id:	261289930	
*Address:		+Phone:	(602) 326-86	63
Address 2:		+Email Address:	JO@WOC4E	QUALJUSTICE.ORG
*City:		+Retype Email:	JO@WOC4E	QUALJUSTICE.ORG
*State:				
*Zip Code:		The time and place w	here the clai	m arose
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY
Date of Birth:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY
Soc. Sec #:		*Incident Location:		
*Phone:		incident Location.		ELIGIOUS & DISABILITY NT & DISTRESS
*Email Addres		Address:	60-02 60TH	
*Retype Email:		Address 2:	60-02 60 I H I	LANE
Occupation:	TEACHER	City:	MAGDETII	
Current City	■ Yes □ No □ NA	·	MASPETH	
Employee?		State:	NEW YORK	
Current Agency	DEPT. OF EDUCATION	Borough:	MANHATTAI	N (NEW YORK)
Gender:	☐ Male ■ Female ☐ Other			

^{*} Denotes required fields. Either a claimant or attorney email address is required.

⁺ Denotes field that is required if Attorney is filing.

Page 17 of 64 Page D #: 3200 Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY) AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

DEPT. OF EDUCATION

Address:	65 COURT ST.	Amount Earned Weekly:	
Address 2:	#102	Amount Earned Yearly:	
City:	BROOKLYN		
State:	NEW YORK		
Zip Code:	11201		
Were you emplo	oyed by a City Contractor at the time of clair	med occurrence? Yes No	
++Contractor N	ame:		

Work days lost:

210

*Agency:

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Date From: Date To:

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

Brad Lander

Overtime:					
Compensato	ory time:			1	
Differentia l :					
Annual Leave	e/Vacation:				
Sick Leave:					
Salary:				1	
		Total:	0.00		
Additional (Specify:	Claimed Damages MENTAL DISTRE	ESS DAMAGES FOR H	ARASSMENT + COER	 CION = 2X SALARY	Amount:
Specify:	PUNITIVE DAMA	AGES FOR RECKLESS	DISREGARD FOR MY	MEDICAL FREEDOM	
Specify:	PUNITIVES CAL	CULATED BASED ON	3 X GROSS SALARY		
Specify:	ATTORNEY FEE	S			
Specify:					
				Total:	
**Total					

Amount:

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Claimed **Amount:**

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 19 of 64 PageID #: 3202 Bates 620 Office of the New York City Comptroller

New York City Comptroller **Brad Lander**

1 Centre Street New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	ı (if represented	l by attorney)	
Last Name:		+Firm or Last Name:	WOMEN OF CO	DLOR 4 EQUAL JUSTI	
First Name:		+Firm or First Name:	JO SAINT-GEO	RGE, ESQ.	
Relationship to		+Address:	MAILING - 350	E. DIAMOND AVE.	
the claimant:		Address 2:	UNIT 4077		
		+City:	GIATHERSBUF	RG	
Claimant Infor	mation 	+State:	MARYLAND		
*Last Name:	CHANDLER	+Zip Code:	20877		
*First Name:	CASSANDRA	Tax Id:	261289930		
*Address:		+Phone:	(602) 326-8663		
Address 2:		+Email Address:	JO@WOC4EQUALJUSTICE.ORG		
*City:		+Retype Email:	JO@WOC4EQ	JALJUSTICE.ORG	
*State:					
*Zip Code:		The time and place w	here the claim	arose	
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY	
Date of Birth: Soc. Sec #:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY	
*Phone:		*Incident Location:	ONGOING REL	IGIOUS & DISABILITY & DISTRESS	
*Email Address:		Address:	150 WILLIAM S	TREET	
*Retype Email:		Address 2:			
Occupation:		City:	NEW YORK		
Current City Employee?	Yes No NA	State:	NEW YORK		
• •	DEPT. OF EDUCATION	Borough:	MANHATTAN (NEW YORK)	

Female

☐ Other

+ Denotes field that is required if Attorney is filing.

☐ Male

Gender:

^{*} Denotes required fields. Either a claimant or attorney email address is required.

Page 20 of 64 PageID #: 3203 Bateso
Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY) AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

*Agency:	ADMINISTRATION FOR CHILDREN'S SE	Work days lost:	210
Address:	66 JOHN STREET		
Address 2:	#400		
City:	NEW YORK		
State:	NEW YORK		
Zip Code:	10038		
Were you emplo	yed by a City Contractor at the time of claimed occ	currence?	
++Contractor Na	ame:		

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Date From: Date To:

Page 21 of 64 Page ID #: 3204
Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

Overtime:

Amount:

Brad Lander

Compensato	ry time:					
Differential:						
Annual Leave	e/Vacation:					
Sick Leave:						
Salary:						
			Total:	0.00		
					-	
Additional C	Claimed Damages					Amount:
Specify:	MENTAL DISTRES	S DAMAGE:	S FOR HAR	ASSMENT + COER	CION = 2X SALARY	2
Specify:	PUNITIVE DAMAGI	ES FOR RE	CKLESS DI	SREGARD FOR MY	MEDICAL FREEDON	4
Specify:	PUNITIVES CALCU	ILATED BAS	SED ON 3 X	GROSS SALARY		3
Specify:	ATTORNEY FEES					5
Specify:						T
					Total:	6
**Total Claimed						

Amount:

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 22 of 64 PageID #: 3205

Now York City Corrects: "See Section 1.2."

New York City Comptroller **Brad Lander**

1 Centre Street New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.			
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	n (if represented	l by attorney)	
Last Name:	NOTE: MR. DELLO IOIO HAS FILED A NOTICE	+Firm or Last Name:	WOMEN OF CO	DLOR 4 EQUAL JUSTIÇ	
First Name:	THIS IS TO CONFIRM THAT	+Firm or First Name:	JO SAINT-GEO	RGE, ESQ.	
Relationship to		+Address:	MAILING - 350	E. DIAMOND AVE.	
the claimant:	WE REPRSENT HIM NOW.	Address 2:	UNIT 4077		
		+City:	GIATHERSBUF	RG	
Claimant Infor	mation	+State:	MARYLAND		
*Last Name:	RIDULFO	+Zip Code:	20877		
*First Name:	CHARISSE	Tax Id:	261289930		
*Address:		+Phone:	(602) 326-8663		
Address 2:		+Email Address:	JO@WOC4EQI	JALJUSTICE.ORG	
*City:		+Retype Email:	JO@WOC4EQI	JALJUSTICE.ORG	
*State:					
*Zip Code:		The time and place w	where the claim	arose	
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY	
Date of Birth:		*Incident Date from:		Format: MM/DD/YYYY	
Soc. Sec #:			05/11/2022		
*Phone:		*Incident Location:	ONGOING REL	.IGIOUS & DISABILITY & DISTRESS	
*Email Address		Address:			
*Retype Email:			3450 TREMON	I AVENUE	
Occupation:		Address 2:			
Current City	► Yes □ No □ NA	City:	BRONX		
Employee?		State:	NEW YORK		
Current Agency	DEPT. OF EDUCATION	Borough:	BRONX		
Gender:	☐ Male ■ Female ☐ Other				

^{*} Denotes required fields. Either a claimant or attorney email address is required.

⁺ Denotes field that is required if Attorney is filing.

6/23 Page 23 of 64 Page D # 3206
Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

New York City Comptroller

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

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If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

*Agency:	DEPT. OF EDUCATION	Work	days lost:		210	
Address:	65 COURT ST.					
Address 2:	#102					
City:	BROOKLYN					
State:	NEW YORK					
Zip Code:	11201					
Were you emplo	yed by a City Contractor at the time of clair	ned occurrence?	☐ Yes	☐ No		
++Contractor N	ame:					

^{*}Denotes required field

⁺⁺Denotes field that is required if you were employed by a City Contractor.

Date From: Date To:

New York City Comptroller Brad Lander

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Total:

Salary/Benefit Claimed Damages

Overtime:						
Compensato	ory time:					
Differential:						
Annual Leav	e/Vacation:]		
Sick Leave:]		
Salary:						
		Total:	0.00]		
				-		
Additional	Claimed Damages				Amount:	
Specify:	MENTAL DISTRES	S DAMAGES FOR HA	ARASSMENT + COER	CION = 2X SALARY		
Specify:	PUNITIVE DAMAG	ES FOR RECKLESS	DISREGARD FOR MY	MEDICAL FREEDOM		
Specify:	PUNITIVES CALCU	JLATED BASED O				
Specify:	ATTORNEY FEES					Ī

Amount:

**Total	
Claimed	
Amount:	

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

Specify:

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

Case 1:22-cv-02234-EK-LB Document 60-2 Filed 05/26/23 Page 25 of 64 Page D #: 3208

New York City Comptroller

1 Centre Street

Read Lander

Brad Lander

New York, NY 10007 FormVersion: NYC-COMPT-BLA-LE-C4

City Employment Claim Form

For most claims, electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: 🗌	On behalf of myself.	Attorney is filing.		
	On behalf of someone else. If on someone else's behalf, please provide the following information:	Attorney Information	n (if represent	ted by attorney)
_	perially prease previae the reneming intermediation.	+Firm or Last Name:	WOMEN OF	COLOR 4 EQUAL JUSTIC
Last Name:		+Firm or First Name:	JO SAINT-GI	EORGE, ESQ.
First Name: Relationship to		+Address:	MAILING - 35	50 E. DIAMOND AVE.
the claimant:		Address 2:	UNIT 4077	
		+City:	GIATHERSB	URG
Claimant Infor	mation	+State:	MARYLAND	
*Last Name:	BAKER-PACIUS	+Zip Code:	20877	
*First Name:		Tax Id:	261289930	
*Address:		+Phone:	(602) 326-86	63
Address 2:		+Email Address:	JO@WOC4E	QUALJUSTICE.ORG
*City:		+Retype Email:	JO@WOC4E	QUALJUSTICE.ORG
*State:				
*Zip Code:		The time and place w	where the claim	m arose
*Country:		*Incident Date from:	09/09/2021	Format: MM/DD/YYYY
Date of Birth:		*Incident Date to:	05/11/2022	Format: MM/DD/YYYY
Soc. Sec #:		*Incident Location:		
*Phone:		incident Location.		ELIGIOUS & DISABILITY NT & DISTRESS
*Email Addres		Address:	370 WEST 12	
*Retype Email:		Address 2:	370 WEST 12	20111 51.
Occupation:			NEWYORK	
Current City	■ Yes □ No □ NA	City:	NEW YORK	
Employee?		State:	NEW YORK	
Current Agency	DEPT. OF EDUCATION	Borough:	MANHATTAN	N (NEW YORK)
Gender:	☐ Male ■ Female ☐ Other			

^{*} Denotes required fields. Either a claimant or attorney email address is required.

⁺ Denotes field that is required if Attorney is filing.

Page 26 of 64 Page ID #: 3209 Actes of the New York City Comptroller
1 Centre Street
New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

*Nature of Claim/Description of Claim

Brad Lander

New York City Comptroller

THE WOMEN OF COLOR FOR EQUAL JUSTICE ARE REPRESENTING MULTIPLE CITY WORKERS AND IS SEEKING CLASS CERTIFICATION OF WHICH THIS EMPLOYEE HAS BEEN NAME AS PART OF THE PROPOSED CLASS. A LAWSUIT HAS BEEN FILED TO PRESERVE STATUTES OF LIMITATIONS. SEE DETAILS OF BELOW CLAIMS IN EXHIBIT A IN THE BELOW LINK - HTTP://WWW.WOC4EQUALJUSTICE.ORG/LEGAL//NOTICE%20OF%20CLAIM% 20-WITH-EXHIBITS-FINAL-V2.PDF - CLAIMS:

#1. OSHA PRE-EMPTION OF NEW YORK CITY DEPARTMENT OF HEALTH ORDERS - THE CITY THROUGH THE DEPARTMENT OF HEALTH LACKED AUTHORITY TO ISSUE THE COVID-19 VACCINE ORDERS FROM AUGUST 2021 TO DECEMBER 2021 THAT ONLY APPLIED TO CITY EMPLOYEES. ONLY OSHA HAS AUTHORITY TO CREATE AND IMPLEMENT WORKPLACE SAFETY STANDARDS. THE ORDERS WERE NOT FOR THE GENERAL GOO, CITY FAILED TO TRAIN EMPLOYEES REGARDING ALL OSHA RISK MITIGATION CONTROLS FOR WORKPLACE SAFETY AGAINST COVID-19 - SPECIFICALLY THE RIGHT TO "REMOTE WORK" AND SAFETY EQUIPMENT - SPECIFICALLY RESPIRATORS AND POWERED AIR PURIFYING RESPIRATORS (PAPR) -

#2 - BECAUSE THE CITY LACKED AUTHORITY TO CREATE, IMPLEMENT, ENFORCE AND DISCIPLINE BASED ON UNAUTHORIZED ORDERS, THE CITY VIOLATED THE CLASSES FIRST AMENDMENT RIGHTS TO FREE EXERCISE AND VIOLATED THE ESTABLISHMENT CLAUSE FOR FAILING TO PROMOTE AND ALLOW EMPLOYEES TO CHOOSE ALTERNATIVE RELIGIOUS MEDICAL TREATMENTS TO DEAL WITH COVID-19 IN THEIR BODIES.

#3 THE CITY ENGAGED IN DISCRIMINATORY HARASSMENT AND COERCION IN VIOLATION OF: TITLE VII, THE ADA (THE EMPLOYEES IN THE PROTECTED CLASS OF THOSE WITH A "PERCEIVED DISABILITY" DUE TO THEIR "UNVACCINATED STATUS" OR "VACCINE DEFICIENCY) AND IN VIOLATION OF THE NEW YORK CITY HUMAN RIGHTS ACT FOR THE SAME REASONS ABOVE. #4 WRONGFUL DISCIPLINE - THE CITY WRONGLY PLACED EMPLOYEES ON INVOLUNTARY INDETERMANAT LEAVE WITHOUT PAY BUT CLAIMED TO TERMINATE THEM IN VIOLATION OF CIVIL SERVICE LAWS A. EDUCATION LAW §3020 FOR ALL TENURED TEACHERS IN THE DEPARTMENT OF EDUCATION;

If you need additional room, attach your description as an additional document.

What agency/employer are you making this claim against?

^Agency:	DEPT. OF EDUCATION	work days lost:	210	
Address:	65 COURT STREET	Amount Earned Weekly:		
Address 2:		Amount Earned Yearly:		
City:	BROOKLYN			
State:	NEW YORK			
Zip Code:	11201			
Were you emr	Noved by a City Contractor at the time of	claimed occurrence? \[\text{T Yes } \Pi \text{No.} \]		

++Contractor Name:

^{*}Denotes required field

^{+ +} Denotes field that is required if you were employed by a City Contractor.

Date From: Date To:

1 Centre Street New York, NY 10007

FormVersion: NYC-COMPT-BLA-LE-C4

Salary/Benefit Claimed Damages

Overtime:

**Total Claimed Amount:

Compensato	ry time:							
Differential:								
Annual Leave/Vacation:								
Sick Leave:								
Salary:								
		Total:	0.00					
								
Additional (Claimed Damages				Amount:			
Specify:	MENTAL DISTRESS DAMAGES FOR HARASSMENT + COERCION = 2X SALARY							
Specify:	PUNITIVE DAMAGES FOR RECKLESS DISREGARD FOR MY MEDICAL FREEDON							
Specify:	PUNITIVES CALCULATED BASED ON 3 X GROSS SALARY							
Specify:	ATTORNEY FEES	;						
Specify:					Ť			
				Total:	<u> </u>			

Amount:

I certify that all information contained in this notice is true, and correct to the best of my knowledge, and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties, and civil liabilities.

^{*}Denotes field that is required.

^{**}Total Claimed Amount will be automatically calculated after all required fields are entered.

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101216

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:BRYAN
Claimant First Name:AMOURA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101211

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:VELEZ
Claimant First Name:ANGELA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101279

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM Claimant Last Name:MOODY Claimant First Name:AURA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101218

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:USTARES
Claimant First Name:AYSE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101236

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:REID
Claimant First Name:BRUCE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101199

You uploaded:

Claim Form: 1
Supporting Documents:0

5/11/2022 12:00 AM Claimant Last Name:GRANT Claimant First Name:CARLA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101231

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:CHANDLER
Claimant First Name:CASSANDRA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101225

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:RIDULFO
Claimant First Name:CHARISSE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101270

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:OREILLY
Claimant First Name:CHRISTINE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101230

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:BOYCE
Claimant First Name:CURTIS

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101281

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:BAKER-PACIUS
Claimant First Name:DIANNE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101282

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:WEBER
Claimant First Name:EDWARD

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101284

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:LOIACONO
Claimant First Name:ELIZABETH

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101269

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:ZAPATA
Claimant First Name:EVELYN

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101237

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:TROTMAN
Claimant First Name:FRANKIE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101247

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:HUNTER
Claimant First Name:JEFFEREY B.

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101275

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:CSEPKU
Claimant First Name:JESSICA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101195

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM Claimant Last Name:COMBS Claimant First Name:JESUS

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101234

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:RULLO
Claimant First Name:JOSEPH

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101208

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM Claimant Last Name:HARDING Claimant First Name:JULIA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101205

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:CAMPELL
Claimant First Name:KAREEM

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101252

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:FIGARO
Claimant First Name:MARIA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101271

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:ROMERO
Claimant First Name:MARITZA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101227

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:MAYNE
Claimant First Name:MARK

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101203

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:HEMMINGS-HARRINGON
Claimant First Name:MICHELLE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101277

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:HOGAN
Claimant First Name:NATALYA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101250

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:ODOM
Claimant First Name:RASHEEN

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101221

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:DELLO IOIO
Claimant First Name:REMO

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101276

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:MUSTACCHIA
Claimant First Name:ROSEANNA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101215

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM Claimant Last Name:BROWNE Claimant First Name:SANCHA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101207

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:COOMBS - MORENO
Claimant First Name:SARA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101240

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:MILAN
Claimant First Name:SEAN

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101273

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:HERNANDEZ
Claimant First Name:SONIA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101268

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:DEEGAN
Claimant First Name:SUZANNE

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101197

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:TRACY-ANN
Claimant First Name:FRANCIS MARTIN

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101274

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:SMITH
Claimant First Name:YULANDA

You have successfully filed your claim.

By successfully filing your claim, you have certified that all information provided is true and correct to the best of your knowledge and belief. You also understand that the willful making of any false statement of material fact herein may subject you to criminal penalties and civil liabilities.

Please allow up to 30 days to receive an email acknowledging your claim.

If you have any questions please contact 212-669-4729.

Your Receipt Number is the following:

202200101219

You uploaded:

Claim Form: 1
Supporting Documents:1

5/11/2022 12:00 AM
Claimant Last Name:WOUADJOU
Claimant First Name:ZENA